

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Meeting
Thursday, 1 October 2026 – Friday, 2 October 2026**

Virtual Meeting

Name of Registrant:	Keary-Erin Carrington
NMC PIN:	22G0820E
Part(s) of the register:	Registered Nurse – RNA Adult Nursing (Level 1) - 2 December 2022
Relevant Location:	Southampton
Type of case:	Misconduct
Panel members:	Richard Youds (Chair, Lay member) Paula Charlesworth (Lay member) Sally Thomas (Registrant member)
Legal Assessor:	Paul Hester
Hearings Coordinator:	Sabrina Khan
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1(a), 1(b), 1(c)(i–iii), 1(d)(i), 2, 3, 4, 5, 6(a–b) and 7
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)
Final outcome:	FTP impaired - striking off order

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Carrington's registered email address by secure email on 24 August 2026.

Further, the panel noted that the Notice of Meeting was also sent to Miss Carrington's representative at the Royal College of Nursing (RCN) on 24 August 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Carrington has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

1. Whilst Patient A was an inpatient at University Hospital Southampton NHS Foundation Trust ('The Trust'):
 - a. Gave your personal mobile number to Patient A without clinical justification
 - b. Added and / or accepted Patient A on social media
 - c. On one or more occasions:
 - i. Engaged in sexual contact with Patient A on Trust premises

- ii. Arranged to meet Patient A off Trust premises and / or engaged in sexual intercourse with Patient A of Trust premises
 - iii. Told Patient A that you loved him, or words to that effect
 - d. On one or more occasions:
 - i. Sent Patient A messages which were of a sexual and / or intimate and / or romantic nature via text message and / or social media
- 2. Your conduct at all or any of charge 1 was in breach of professional boundaries.
- 3. Your conduct at any or all of charge 1 was sexually motivated in that it was in pursuit / continuance of a relationship with Patient A.
- 4. On 5 November 2023 filed an incident report form with your employer, in which you incorrectly stated that Patient A had contacted you via social media and you had not continued contact with him 'outside of work', or words to that effect.
- 5. On one or more occasions provided an inaccurate account of your relationship with Patient A to your employer ('The Trust').
- 6. Your conduct at charge 4 and / or charge 5 was dishonest in that you knew that:
 - a. You had contacted Patient A outside of work, and / or
 - b. Had pursued a romantic and / or inappropriate relationship with Patient A
- 7. By your conduct at charge 4 and / or 5 you sought to create a misleading impression of your relationship with Patient A.

AND in light of the above, your fitness to practise is impaired by reason of your misconduct.

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Miss Carrington.

The agreement, which was put before the panel, sets out Miss Carrington's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'Fitness to Practise Committee Consensual panel determination ("CPD"): provisional agreement The Nursing & Midwifery Council ("the NMC") and Ms Keary-Erin Carrington ("Ms Carrington"), PIN 22G0820E ("the Parties") agree as follows:

- 1. Ms Carrington is content for her case to be dealt with by way of a CPD meeting.*
- 2. Ms Carrington understands that if the panel wishes to make amendments to the provisional agreement that are not agreed by Ms Carrington, the panel may refer the matter to a substantive hearing.*

The charge

- 3. Ms Carrington admits the following charges:*

- 4. That you, a registered nurse:*

- 1. Whilst Patient A was an inpatient at University Hospital Southampton NHS Foundation Trust ('The Trust'):*
 - a. Gave your personal mobile number to Patient A without clinical justification*
 - b. Added and / or accepted Patient A on social media*
 - c. On one or more occasions:*

- i. *Engaged in sexual contact with Patient A on Trust premises*
 - ii. *Arranged to meet Patient A off Trust premises and / or engaged in sexual intercourse with Patient A off Trust premises*
 - iii. *Told Patient A that you loved him, or words to that effect*
- d. *On one or more occasions:*
 - e. *Sent Patient A messages which were of a sexual and / or intimate and / or romantic nature via text message and / or social media*
- 2. *Your conduct at all or any of charge 1 was in breach of professional boundaries.*
- 3. *Your conduct at any or all of charge 1 was sexually motivated in that it was in pursuit / continuance of a relationship with Patient A.*
- 4. *On 5 November 2023 filed an incident report form with your employer, in which you incorrectly stated that Patient A had contacted you via social media and you had not continued contact with him 'outside of work', or words to that effect*
- 5. *On one or more occasions provided an inaccurate account of your relationship with Patient A to your employer ('The Trust')*
- 6. *Your conduct at charge 4 and / or charge 5 was dishonest in that you knew that:*
 - a. *You had contacted Patient A outside of work, and / or*
 - b. *Had pursued a romantic and / or inappropriate relationship with Patient A*
- 7. *By your conduct at charge 4 and / or 5 you sought to create a misleading impression of your relationship with Patient A.*

AND in light of the above your fitness to practise is impaired by reason of your misconduct.

The facts

- 5. *Ms Carrington appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Adult Nurse and has been on the NMC register since 2 December 2022.*

6. *The NMC received a referral on 1 November 2024 from one of Ms Carrington's former patients, Patient A. It is alleged that between December 2023 and March 2024 Ms Carrington engaged in a sexual and romantic relationship with Patient A.*
7. *At the relevant time Ms Carrington was employed as an adult nurse at University Hospital Southampton NHS Foundation Trust ("the Trust").*
8. *Patient A was moved to the Trust, ward F11, in August 2023 and was due to have a long in-patient stay at the Trust as a result of his health needs. He reports that he suffered 'a lot with self-harm' whilst on this ward, making him a particularly vulnerable patient. Patient A relied on Ms Carrington for social confidence on the ward and for social interaction.*
9. *Patient A states that Ms Carrington provided her phone number to him and they exchanged text messages of a sexual nature.*
10. *Whilst attending to him as a patient it is alleged that Ms Carrington engaged in inappropriate touching with Patient A in his side patient room at the hospital.*
11. *It is alleged that further down the line Ms Carrington booked a hotel for them both to engage in sexual intercourse on her day off.*
12. *In November 2023, Ms Carrington submitted a report at the Trust that Patient A had contacted her on social media. In that report she stated she had maintained professional boundaries and told Patient A that she's 'unable to communicate outside of work' due to professional boundaries.*
13. *A member of staff raised concern in December 2023 that they believed they had seen Patient A receiving a text message from Ms Carrington. A further concern was raised by another member of staff in January 2024 about the amount of time Ms Carrington was spending with Patient A and whether professional boundaries were being maintained.*
14. *When directly questioned by the Trust on multiple occasions about her relationship with Patient A, Ms Carrington denied any improper relationship, which was dishonest.*

Misconduct

15. *Ms Carrington admits that the conduct as particularised in the charges above amounts to serious professional misconduct.*
16. *Although not defined in statute, the comments of Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 provide some assistance when seeking to define misconduct:*

“Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [registered professional] in the particular circumstances”.

17. *In addition, the comments of Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), are instructive namely:*

“[Misconduct] connotes a serious breach which indicates that the [registered professional’s] fitness to practise is impaired.”

And

“The adjective “serious” must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner.”

18. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Code.*
19. *The Parties agree the following provisions of the Code, to which Ms Carrington was subject to as a registered nurse at all relevant times, have been breached in this case:*

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

20 Uphold the reputation of your profession at all times

20.1 keep to and uphold the standards and values set out in the Code.

20.2 act with honesty and integrity at all time, treating people fairly and without discrimination, bullying and harassment

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

20. It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the Parties agree that Ms Carrington's acts and omissions fell far below the standards expected of a registered nurse and that her failings amount to misconduct. The parties refer the panel to NMC guidance SAN-4 "Sanctions for the highest risk cases". That guidance indicates that honesty is of central importance to a nurse's practice and that allegations of dishonesty will always be serious.

21. Furthermore, the guidance indicates that sexual misconduct may also include conduct that may have been consensual but still breaches professional boundaries. This might include sexualised behaviour towards a patient or a patient's family member. Sexual misconduct is likely to create a risk to people receiving care and to colleagues as well as undermining public trust and confidence. This is because it calls into question the professional's understanding of personal boundaries.

Impairment

22. Ms Carrington agrees that her fitness to practise is currently impaired by reason of her misconduct.

23. The NMC's guidance² explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest.

24. The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

- Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*

- *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

25. *The Parties agree that all four questions are engaged in this case.*

26. *The Parties agree that Ms Carrington's conduct, particularly in a) giving her mobile number to Patient A without clinical justification b) engaging in sexual contact with Patient A on Trust premises and arranging to meet Patient A off Trust premises and/or engaging in sexual intercourse with Patient A off Trust premises c) sending Patient A messages which were of a sexual and/or intimate and/or romantic nature via text messages d) breaching professional boundaries e) conduct which was sexually motivated in pursuit of a relationship with Patient A, f) providing an inaccurate account of her relationship with Patient A to her employer and creating a misleading impression of her relationship with Patient A - placed patient A at unwarranted risk of harm and, if repeated, would place other patients at similar risk.*

27. *The Parties agree that Ms Carrington's misconduct, is so serious that it is liable to bring the reputation of the profession into disrepute.*

28. *The public would be appalled to know that a nurse had engaged in such conduct and such conduct causes serious damage to the reputation of the nursing professions.*

29. *Nurses and midwives are expected to act with honesty, integrity and trustworthiness at all times. Conduct in contravention of that expectation breaches those fundamental tenets of the profession. Ms Carrington's conduct lacked integrity and trustworthiness and amounted to a significant breach of fundamental tenets of the profession.*

30. *The parties note that impairment is a forward-looking exercise.*

31. *The parties also considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;*

- *Whether the conduct that led to the charge(s) is easily remediable.*
- *Whether it has been remedied.*
- *Whether it is highly unlikely to be repeated.*

32. *The NMC guidance FTP-16a "Can the concern be addressed?" indicates that conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include*

inappropriate personal or sexual relationships with people receiving care, dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice.

33. *The parties agree that the attitudinal failings arising out of Ms Carrington's dishonesty and breach of professional boundaries in this case are difficult to remediate. Ms Carrington's insight is limited and therefore the identified failings have not been remedied. It cannot be said Ms Carrington is highly unlikely to repeat his misconduct.*

Public protection impairment

34. *A finding of impairment is necessary on public protection grounds.*

35. *In light of Ms Carrington's failure to remediate the concerns the parties agree that a finding of current impairment should be made to protect the public. In the absence of any evidence to suggest the risk to the public has been addressed and reduced, the risk must be said to remain such that a finding of impairment on public protection grounds is required.*

Public interest impairment

36. *A finding of impairment is necessary on public interest grounds.*

37. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

38. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*

39. *Ms Carrington's conduct is extremely serious involving not only inappropriate behaviour, including sexual intimacy whilst she was on duty as a nurse on the ward with Patient A but also being sexually intimate with Patient A outside of work when she was off duty. Patient A was considered a vulnerable patient.*

40. *The concerns also call into question her honesty and integrity when she was questioned directly by the Trust about the nature of her relationship with Patient A, Ms Carrington initially denied any inappropriate behaviour and reassured her employer that she understood the importance of professional boundaries. The duty on healthcare professionals to act with honesty and integrity is the bedrock of a registered professional's practice. Acting dishonestly is capable of seriously damaging public confidence in the nursing and midwifery professions. As a result, a finding of impairment on public interest grounds is required.*

41. *The parties agree that Ms Carrington's fitness to practice is impaired on public protection and public interest grounds.*

Sanction

42. *With reference to the sanctions guidance, it is agreed that the appropriate and proportionate sanction in this case is that of a striking-off order.*

43. *The aggravating features of the case are as follows:*

- *Abuse of a position of trust Ms Carrington holds as a registered professional.*
- *Insight is provided but Ms Carrington seemingly sought to minimise the extent of the relationship she had with Patient A whilst at the Trust.*
- *Conduct which put a vulnerable patient at risk of harm -- psychological harm.*
- *Repeated dishonesty to employer.*

44. *The mitigating features of the case are as follows:*

- *Reflective statement provided where Ms Carrington reflects on her behaviour and seeks to demonstrate insight and development.*
- *Courses undertaken to try and demonstrate development since incident.*
- *Numerous character references provided in support outlining how behaviour was out of character for Ms Carrington and how she is a good person.*
- *Testimonials from previous colleagues outlining that Ms Carrington was a good HCA and nurse, this incident aside.*

45. *To take no further action would not be appropriate in a case such as this where public protection issue has been identified.*

46. *To impose a caution order would not be appropriate because a restriction of practice is required in this case to protect the public from the risk of harm. NMC guidance on caution orders ('SAN-2b') indicates that a caution order is only*

appropriate if the case is at the lower end of the spectrum of impaired fitness to practise. The Parties agree that this case involves serious misconduct at the higher end of dishonest conduct.

47. To impose a conditions of practice order would not be appropriate. Albeit public protection concerns have been identified, there are no suitable conditions that can be imposed that would properly address the attitudinal risks present in this case. Furthermore, given the nature and seriousness of the concerns, the parties agree a conditions of practice order would fail to address the issues relating to public protection or public confidence in the NMC and the profession.

48. The Guidance (SAN-2d) states that a suspension order may be appropriate when some or all of the following factors are apparent (this list is not exhaustive):

- The charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- While it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their skills and/or development of insight and remediation*
- There is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- What went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- Despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.*

49. A suspension order would not be appropriate in this case. The concerns are serious and the charges found proved are at the most serious end of the spectrum and call into question Ms Carrington's suitability to continue practising, either currently or at all. This was not an isolated one-off incident; the misconduct took place over a period of time.

50. NMC guidance at SAN-4 "Sanctions for highest risk cases" indicates that a nurse who has acted dishonestly will always be at risk of removal from the register. Ms Carrington has admitted to acting dishonesty and this was not a one-off,

spontaneous incident. Ms Carrington deliberately breached the professional duty of candour by covering up her inappropriate relationship with Patient A. The guidance also indicates that sexual misconduct towards people receiving care suggests a direct risk to public safety. It always constitutes an abuse of a position of trust or power, given the inherent imbalance in power between professionals and those they care for.

51. To impose a suspension order would not be appropriate. Given the lack of insight demonstrated in this case and risk of repetition of the conduct, a temporary removal from the register would not be sufficient to protect the public. Furthermore, the Parties are agreed the conduct in this case is fundamentally incompatible with continued registration.

52. The NMC's guidance on striking-off orders SAN 2e outlines that, before imposing a striking-off order, a Fitness to Practise Committee should consider among other matters:

- a. Do the charges found proved raise fundamental questions about their professionalism?*
- b. Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- c. Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- d. Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

53. The Parties are agreed, for the reasons stated above, that Ms Carrington's conduct is so serious that it raises fundamental concerns about her professionalism; public confidence would be affected if Ms Carrington were not removed from the register; and a striking-off order is the only appropriate and proportionate sanction in the circumstances.

Referrer's comments

54. The NMC has sought the comments of the Referrer, and they have confirmed they have nothing further to add to the information already contained in this document.

Interim order

55. The Parties are agreed that an interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should take the form of an interim suspension order.

56. The interim order should be for a period of 18 months in the event that Ms Carrington seeks to appeal the panel's decision. This is to cover the 28-day appeal period and the time it would take for an appeal to be heard should one be lodged. The Parties understand that this provisional agreement cannot bind a panel, and that the final decisions on findings of fact, impairment and sanction are a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Miss Carrington. The provisional CPD agreement was signed by Miss Carrington and the NMC on 5 August 2026 and 17 July 2026 respectively.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Miss Carrington. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Miss Carrington admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Miss Carrington's admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Miss Carrington's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Carrington, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of misconduct the panel determined that Miss Carrington had breached the following provisions of the Code, as identified in the CPD:

'17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection.

17.1 Take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse.'

'20 Uphold the reputation of your profession at all times.

20.1 Keep to and uphold the standards and values set out in the Code.

20.2 Act with honesty and integrity at all times, treating people fairly and without discrimination, bullying and harassment.

20.3 Be aware at all times of how your behaviour can affect and influence the behaviour of other people.

20.5 Treat people in a way that does not take advantage of their vulnerability or cause them upset or distress.

20.6 Stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers.

20.8 Act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'

The panel recognised that a breach of the Code does not automatically amount to misconduct. It considered each charge individually and the conduct as a whole, and determined that each charge amounted to serious professional misconduct.

In relation to charge 1, Miss Carrington gave her personal mobile number to Patient A without clinical justification, connected with him on social media, engaged in sexual contact on Trust premises, arranged to meet him and/or engaged in sexual intercourse off Trust premises, told him that she loved him, and sent sexual, intimate and/or romantic messages. Each of these actions breached professional boundaries. Patient A was a vulnerable, long-term inpatient under her care who had reported self-harming on the ward. The sexual conduct, both within the clinical environment and away from the Trust, was particularly serious.

In relation to charge 2, the panel found that the deliberate breach of professional boundaries with a vulnerable patient was sufficiently serious to amount to misconduct.

In relation to charge 3, the sexual motivation, in pursuit or continuance of a relationship with Patient A, compounded the seriousness of the conduct and amounted to sexual misconduct.

In relation to charge 4, Miss Carrington filed an inaccurate incident report suggesting that Patient A had contacted her and that she had not continued contact outside work. The panel considered this a serious attempt to mislead her employer and divert responsibility towards Patient A.

In relation to charge 5, Miss Carrington provided inaccurate accounts of the relationship to her employer on more than one occasion. This conduct was designed to mislead the Trust when it investigated the concerns.

In relation to charge 6, Miss Carrington admitted that her conduct at charges 4 and/or 5 was dishonest. The panel considered that dishonesty in the context of an employer's investigation was a serious departure from the standards expected of a registered nurse.

In relation to charge 7, Miss Carrington sought to create a misleading impression of her relationship with Patient A, both in writing and when questioned. That conduct also amounted to misconduct.

The panel concluded that the conduct, individually and collectively, fell far below the standards expected of a registered nurse. It endorsed the conclusions concerning misconduct in paragraphs 15–21 of the CPD.

The panel then considered whether Miss Carrington's fitness to practise is currently impaired by reason of misconduct.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper

professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that all four limbs of the test identified in *Grant* were engaged. Miss Carrington had placed Patient A at unwarranted risk of harm, brought the nursing profession into disrepute, breached fundamental tenets of the profession and acted dishonestly. Patient A's vulnerability and reliance on Miss Carrington increased the risk of psychological and physical harm. The panel also considered that directing inappropriate attention towards Patient A could place other patients at risk through diversion of her

attention from their care. It did not make a finding that actual harm to Patient A or other patients had been established.

The panel considered whether the misconduct was capable of remediation, whether it had been remedied and whether it was highly unlikely to be repeated. It found that the dishonesty and repeated breaches of professional boundaries disclosed deep-seated attitudinal concerns which were difficult to remediate. This was a pattern of behaviour rather than an isolated incident. The attempts to deny the relationship and divert responsibility towards Patient A demonstrated an avoidance of accountability.

The panel recognised the reflective statement, courses, character references and testimonials described and accepted by the parties in the CPD. Those underlying documents were not before the panel. The panel accepted the mitigation recorded in the agreement but was not satisfied that it demonstrated sufficient insight or remediation of the serious concerns. In particular, the CPD recorded limited insight and attempts to minimise the extent of the relationship. There was insufficient material to establish adequate remorse or an apology towards Patient A, or to demonstrate that the risk of repetition had been addressed.

The panel could not conclude that Miss Carrington was highly unlikely to repeat the misconduct. A real risk of repetition remained, and a finding of current impairment was necessary to protect the public.

The panel also found current impairment on public interest grounds. Sexual misconduct with a vulnerable patient, coupled with repeated dishonesty to an employer, seriously undermined the trust placed in nurses. Public confidence in the profession and the NMC would be undermined if a finding of impairment were not made. Such a finding was necessary to uphold proper professional standards.

The panel therefore determined that Miss Carrington's fitness to practise was currently impaired by reason of misconduct on both public protection and public interest grounds. It endorsed the impairment conclusions in the CPD, including paragraphs 34–41.

Decision and reasons on sanction

Having found Miss Carrington's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of the position of trust held by Miss Carrington as a registered nurse.
- Limited insight and attempts to minimise the extent of the relationship with Patient A.
- Conduct which placed a vulnerable patient at risk of psychological and physical harm.
- Repeated dishonesty to her employer.
- Deliberate breaches of professional boundaries and the Code.
- A pattern of misconduct over a period of time.
- Premeditated conduct, including booking a hotel room to meet Patient A.
- Attempts to deflect responsibility towards Patient A.

The panel also took into account the following mitigating features:

- A reflective statement in which Miss Carrington reflected on her behaviour and sought to demonstrate insight and development.

- Courses undertaken in an attempt to demonstrate development since the incident.
- Numerous character references describing the behaviour as out of character and supporting her good character.
- Testimonials from previous colleagues describing her as a good healthcare assistant and nurse, apart from this incident.

The panel accepted that the NMC had considered the underlying mitigation and agreed these features. It did not purport to assess documents which it had not seen. The panel gave the mitigation due weight but concluded that it did not outweigh the seriousness of the misconduct or adequately address the continuing risk.

The panel regarded the dishonesty as being at the more serious end of the spectrum. It involved repeated attempts to mislead her employer and shift responsibility to a vulnerable patient. In assessing the sexual misconduct, the panel took account of the abuse of trust, the repeated conduct and the fact that it involved a person receiving care. These matters raised a direct concern for public safety.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Carrington's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Carrington's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Carrington's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, that could address the deep-seated attitudinal concerns, dishonesty and sexual misconduct. The misconduct identified in this case was not something that can be addressed through clinical retraining or supervision. Furthermore, the panel concluded that the placing of conditions on Miss Carrington's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel noted that the misconduct was repeated, involved a vulnerable patient and raised fundamental questions about Miss Carrington's professionalism and suitability to remain on the register. It was of the view that the conduct was a significant departure from the standards expected of a registered nurse. The panel was not satisfied that there was a realistic prospect that a period of suspension would lead to sufficient insight and strengthened practice to reduce the risk adequately. Temporary removal would not address conduct which the panel considered fundamentally incompatible with continued registration. A suspension order would be insufficient to protect the public, maintain public confidence and uphold professional standards.

Therefore, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Miss Carrington's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Miss Carrington's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Miss Carrington's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

Decision and reasons on interim order

The panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Miss Carrington's own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interests. The panel had regard to the seriousness of the misconduct, the continuing risk of repetition and its reasons for imposing the striking-off order. The public would expect Miss Carrington to be prevented from practising during the period before the substantive order takes effect.

The panel agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months. This period would cover the 28-day appeal period and allow sufficient time for an appeal to be heard, should one be lodged.

If no appeal is made, then the interim suspension order will be replaced by the substantive striking off order 28 days after Miss Carrington is sent the decision of this hearing in writing.

That concludes this determination.